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CUSTOMER  
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The filing fee, pursuant to 37 C.F.R. 1.16(a), (b), (c) and (d), has been calculated as follows:

	Number Filed		Number Extra	Rate	Fee
Total Claims	23	-20 =	3	x 18 (fee code 1202)=	\$54.00
Independent Claims	2	-3 =	0	x 86 (fee code 1201) =	\$0
First Presentation of Multiple Dependent Claims				+ 290 (fee code 1203) =	\$0
				Base Fee (fee code 1001)	\$770.00
				TOTAL	\$824.00

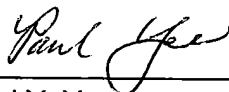
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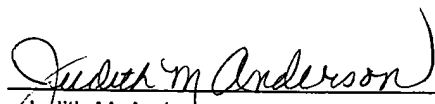
Respectfully submitted,

MOSHE SARAF

By:   
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CERTIFICATE OF MAILING

I, Judith M. Anderson, hereby certify that on December 2, 2003 the aforementioned documents are being deposited with the United States Postal Service, postage prepaid, Express Mail No. ET 878518608 US in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By:   
Judith M. Anderson